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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31977

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8672

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 weeks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (12)
(If outside city or town limits, write "RURAL")

(d) Street No. 5922 Hamilton Terrace.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katherine A. Hodges.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Walter T. Hodges.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 30, 1888. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	5	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Benjamin Spengler.
13. Birthplace (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Anna Osterman.
15. Birthplace Florissant, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mr. Walter T. Hodges.
(b) Address 5922 Hamilton Terrace.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) OCT 8 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th. year 1945 hour 6 minute 06 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to 10-6-45, 19..., that I last saw her alive on 10-6-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis Primary site unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R Hyland (M. D. or other)
Address 3903 Park Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Hyland.
39th. & Park Avenue.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.